

DIRECTIONS FOR COMPLETION OF LIVE SCAN FORM

Complete the fields listed below (see attached sample form - If you are using a printed form off the ICEMA website, some of this information is already completed):

ORI: A0947

Type of Application: Certification

Job Title or Type of License, Certification or Permit: Emergency Medical Technician

Agency authorized to receive criminal history information: ICEMA

Mail Code: 00660

Street No. Street or P.O. Box: 515 N. Arrowhead Ave.

City: San Bernardino

State: CA

Zip Code: 92415-0060

Contact Telephone Number: (909) 388-5823

Name of Applicant: Enter your Last name, First name and Middle Initial

Alias: Enter any other names you've used

Driver's License Number: Enter your California Drivers License number

Date of Birth: Enter your date of birth

Sex: Check the appropriate box

MISC NO. BIL: Leave Blank

Height: Enter your height (feet and inches)

Weight: Enter your weight

Eye Color: Enter your eye color

Hair Color: Enter your hair color

Place of Birth: Enter your place of birth

SOC: Enter your social security number

Home Address: Enter your home street address, city, State and zip code

Level of Service: Check the DOJ box (DO NOT CHECK THE FBI BOX)

DO NOT COMPLETE ANY OTHER FIELDS ON THE FORM! (If the form is filled out incorrectly, DOJ may reject it, requiring the background check to be repeated, including additional fees.)

Make sure you print three copies: one for the Live Scan Agency, one for ICEMA and one for you

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0947

Code assigned by DOJ

Type of Application: Emergency Services

Job Title or Type of License, Certification or Permit: EMT-I Certification

Agency Address Set Contributing Agency:

Inland Counties Emergency Medical Agency

Agency authorized to receive criminal history information

00660

Mail Code (five digit code assigned by DOJ)

515 N. Arrowhead Ave

Street No.

Street or P.O. Box

Contact Name (Mandatory for all school submissions)

San Bernardino, CA 92415-0060

(909) 388-5823

City

State

Zip Code

Contact Telephone Number

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First Agency Billing Number

Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____ City, State and Zip Code

Social Security Number: _____

Your Number: _____

OCA No. (Agency Identifying No.)

Level of Service



DOJ



FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street Name

Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

Agency Telephone Number (optional)

Live Scan Transaction Completed By: _____ Date: _____

Name of Operator

Transmitting Agency

ATI Number

Amount Collected / Billed

ORIGINAL-Live Scan Operator; **SECOND COPY**-Requesting Agency; **THIRD COPY**-Applicant